

Mail Stop Patent Application  
COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

PATENT  
Date: March 1, 2004  
File No.: 0212.69069

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Joseph Z. Wascow et al.

For: EXTENSION CORD RETENTION  
AND PLUG RETENTION SYSTEM

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this date.

3-1-04  
Date

*Dail Gaman*  
Express Mail Label No. EL 846178704 US

Enclosed are:

- (X) 48 pages of specification, including 33 claims and an abstract.
- (X) an executed oath or declaration, with power of attorney.
- ( ) an unexecuted oath or declaration, with power of attorney.
- (X) 13 sheet(s) of informal drawing(s).
- ( )      sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to Credo Technology Corporation.
- (X) Assignment Form Cover Sheet.
- (X) A check in the amount of \$ 40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement.
- (X) Form PTO-1449 and cited foreign references.
- ( ) Associate power of attorney.
- ( ) Priority Document.
- (X) Petition for Extension of Time (in duplicate) for parent application 10/096,458, with a check for \$420.00 to make co-pending.

22581 U.S. PTO  
10/790361  
030104

Fee Calculation For Claims As Filed

a) Basic Fee						\$ 770.00
b) Independent Claims	<u>4</u>	-	3	=	<u>1</u>	x \$ 86.00 = \$ <u>86.00</u>
c) Total Claims	<u>33</u>	-	20	=	<u>13</u>	x \$ 18.00 = \$ <u>234.00</u>
d) Fee for Multiple Dependent Claims						\$290.00 = \$ <u>        </u>

Total Filing Fee \$ 1090.00

- ( ) Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$
- (X) A check in the amount of \$ 1090.00 to cover the filing fee is enclosed.
- ( ) Charge \$          to Deposit Account No. 07-2069.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

March 1, 2004

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PA:DOCS021269069/452432.DOC

Respectfully submitted,

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